



BOARD OF HEALTH

TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MA 01519
(508) 839-5335 x 1119 * Fax: (508) 839-8559
healthdept@graffton-ma.gov

FUNERAL DIRECTORS LICENSE APPLICATION

The undersigned hereby makes application for a license as a **Funeral Director** in this town for the year ending **April 30, 2015.**

Name of Applicant: _____

Address of Applicant: _____
Street City/Town State Zip

Telephone #: _____ E-Mail: _____ Emergency #: _____

Date of Appointment: _____ License #(s): _____

Location of Place of Business: _____
Street City/Town State Zip

Establishment Telephone #: _____

Engaged in any other Location: Yes: _____ No: _____

If Yes: Name of Establishment (if different) _____

Address of Establishment: _____

Telephone#: _____ E-Mail: _____ Emergency #: _____

Mailing Address (if different from location of business): _____

Signature: _____ Date: _____

FEE: \$25.00

OVER >>>>>>>>

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under the law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, If Applicable)

**Social Security Number (Voluntary) or Federal Identification Number

*This license will not be issued unless this certification clause is signed by the applicant.

**Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C s. 49A.